T-565 P.02

PTO/SB/17 (1 - 03)
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From-Valence Technology, Inc.

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Application Number	09/484,799		
Filing Date	1/18/00		
First Named Inventor	Barker		
Examiner Name	Chaney, C.		

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FEE TRANSMITTAL				Filing C	Filing Date			8/00			
	for F	FY 20	03	First N	amed I	nvento	Ваг	ker			
				Examir	ner Nar	ne	Cha	aney, C.			
Applican	nt claims small (	entity status.	See 37 CFR 1.27	Group	Art Un	lt	174	:5		_	
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2. EXTRA C	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1453 1,330		3 665 1 665		oe (or reissue)	(10)		
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			1807 50	1	7 50		rocessing fee under S7 CFR 1.17(q)				
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Fee Fee Code (\$) 1202 18	Fee Fee Fee Fee Description Code (\$) Code (\$)		5021 40	ļ.	1 40	Recording ea	Recording each patent assignment per property (times number of properties)				
1201 86   2201 43   Independent claims in excess of   1203 290   2203 145   Multiple dependent claim, if not paid   1204 88   2204 43   "Reissue independent claims		1809 770	280	9 385	Filing a submission after final rejection (S7 CFR § 1.129(a))						
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and over original patent			1801 770	1801 770 2801 385 Request for Continued Examination (RC			ination (RCE)				
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				of a design application  Other fee (specify) fees under 1.17(p) (1805) and 1.20(d) (1814) =\$250  Reduced by Basic Filing Fee Part  SUBTOTAL (3) (\$) 620				<u>.</u> ]			
Name (Prin	nt/Type)	Michael Ro	65	Registration (Attorney/A	n No.	45,05		Telephone	702-558-10	• =	
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Date Signature

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		Application Number	09/484,799	1
TRANSMITTAL		Filing Date		CEVED
FORM		First Named Inventor	Barker CENTRY	AL FOX CENTER
(to be used for all correspondence after initial filing)		Art Unit	1745 JUN	2004
		Examiner Name	Chaney, C.	2007
otal Number of Pages in This Submission	26	Attorney Docket Number	VT-1869	DOM
	ENCL	OSURES (check all that apply)		
Fee Transmittal Form Draw		ng(s)	After Allowance Communication t	
Fee Attached	Licensing-related Papers		Appeal Communication to Board Appeals and Interferences	
Amendment / Response	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final	Petition to Convert to a Provisional Application		Proprietary Information	
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter	
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	Request for Refund		Statement Under 3.73(b)	
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Response to Missing Parts/ Incomplete Application				]
Response to Missing Parts under 37 CFR 1.52 or 1.53				
SIGNA	TURE OF	APPLICANT, ATTORNEY, C	OR AGENT	
Firm or Individual name  Michael Ross, Reg	3. No. 45,05	7		
Signature	$\searrow$			
Date June 9, 2004				
		TE OF TRANSMISSION/MA		$\Delta$
I hereby certify that this correspondence Service as first class mail in an envelope the date shown below.	is being fac addressed t	simile transmitted to the USPTC or Commissioner for Patents, P.	O or deposited with the United States Po O. Box 1450, Alexandria, VA 22313-145	tal on
Typed or printed name Michael Ross				
	7 71		Date June 9, 2004	<b>I</b>

gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commands in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pale t and Trademark Officer. U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEI 1 TO: Commissioner for Patents, Washington, DC 20231.

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